

500 FOOT LAW STATEMENT**Applicants for on premises liquor licenses must complete this section
(Not required for on premises beer or wine application)**

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on-premises liquor establishments. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises: Check the appropriate box below:

- ☒ IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- ☐ IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500' RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- ☐ NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993
- ☐ NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000

IMPORTANT:

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must, **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

**STATEMENT OF AREA PLAN
200 Foot Law**

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH, or PLACE OF WORSHIP WITHIN 300 FEET
2. Is the premises within 200 feet of **ANY SCHOOL, CHURCH or PLACE OF WORSHIP?** ☐ YES
(Exclusive use as a church or place of worship will be determined by this agency)
(Please respond "YES" if ANY school, church or place of worship is within 200 feet) ☒ NO
3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses/residences labeled) showing the location of any school, church or place of worship (8½" x 11")

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	<input style="width: 90%;" type="text"/>
Address:	<input style="width: 90%;" type="text"/>
Distance:	<input style="width: 90%;" type="text"/>
2. Name of church/school:	<input style="width: 90%;" type="text"/>
Address:	<input style="width: 90%;" type="text"/>
Distance:	<input style="width: 90%;" type="text"/>
3. Name of church/school:	<input style="width: 90%;" type="text"/>
Address:	<input style="width: 90%;" type="text"/>
Distance:	<input style="width: 90%;" type="text"/>

For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system,
which is available on our website.

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.



M Rick D. Chandler, P.E.
Commissioner

February 24, 2016

Reda Shehata, RA
Deputy Borough Commissioner
Email: rshehata@buildings.nyc.gov

John Dileo
1121 80th Street
Brooklyn, New York 11228

210 Joralemon Street
8th Floor
Brooklyn, NY 11201
nyc.gov/buildings

Re: 717 86th Street
Block: 6037 Lot: 61
Zoning District: C4-2A
Brooklyn

718-802-3676 tel
718-802-4098 fax

Dear Mr. Dileo:

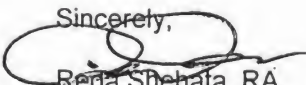
This is in response to your request dated February 3, 2016 for a Letter of No Objection for the above referenced premises for Eating and Drinking UG6 on the first floor and one family use on the second floor. There is no Certificate of Occupancy on file for this address. However Department of Buildings record shows Alteration #340313020 and #340349778 were approved and permitted on February 5, 2016 for renovation for requested use, but not signed off. Department of Finance Building Classification showing S1 – Residence-Multi- use, (Store and Apartment above) also UG6. HPD # 18022 record shows 1 unit, a copy of lease provided showing a restaurant bar and grill and second floor as one apartment and a copy of electric bills from Keyspan, ConEdison shows the use of referenced premises as bar.

Therefore, the Department of Buildings has **no objection** to Eating and Drinking. (But no cooking allowed until job # 340313020 commercial kitchen and Job # 340349778 fire suppression) are signed off. and one family at the above referenced premises.

If this building is hereafter altered or its use changes, an application must be filed and a new Certificate of Occupancy shall be obtained pursuant to Article 22 of Sub-Chapter 1 of the Administrative Code of the City of New York.

Please contact me at the telephone number above if I can be of any further assistance.

Sincerely,


Reda Shehata, RA
Deputy Borough Commissioner
Brooklyn

Cc: LNO File
M. Rimando



Community Board Ten

8119 5th Avenue • Brooklyn, NY 11209
(718) 745-6827 • Fax (718) 836-2447
BK10@cb.nyc.gov
www.bkecb10.org

DORIS N. CRUZ
Vice Chairperson
RONALD GROSS
Secretary
GREGORY AHL
Treasurer

BRIAN KIERAN
Chair

JOSEPHINE BECKMANN
District Manager

January 26, 2016

Vincent Bradley, Chairman
New York State Liquor Authority
80 S. Swan Street, 9th Floor
Albany, N.Y. 12210


RE: Annabells Pastaria Inc.
717 86th Street
Brooklyn, N.Y. 11209

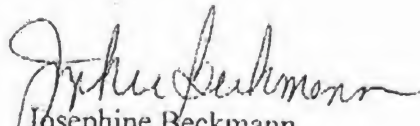
Dear Chairman Bradley:

At a duly publicized meeting of Community Board 10 on Monday, January 25, 2016, members voted unanimously to **APPROVE** the Wine/Beer License for **Annabells Pastaria Inc. 717 86th Street, Brooklyn, New York 11209.**

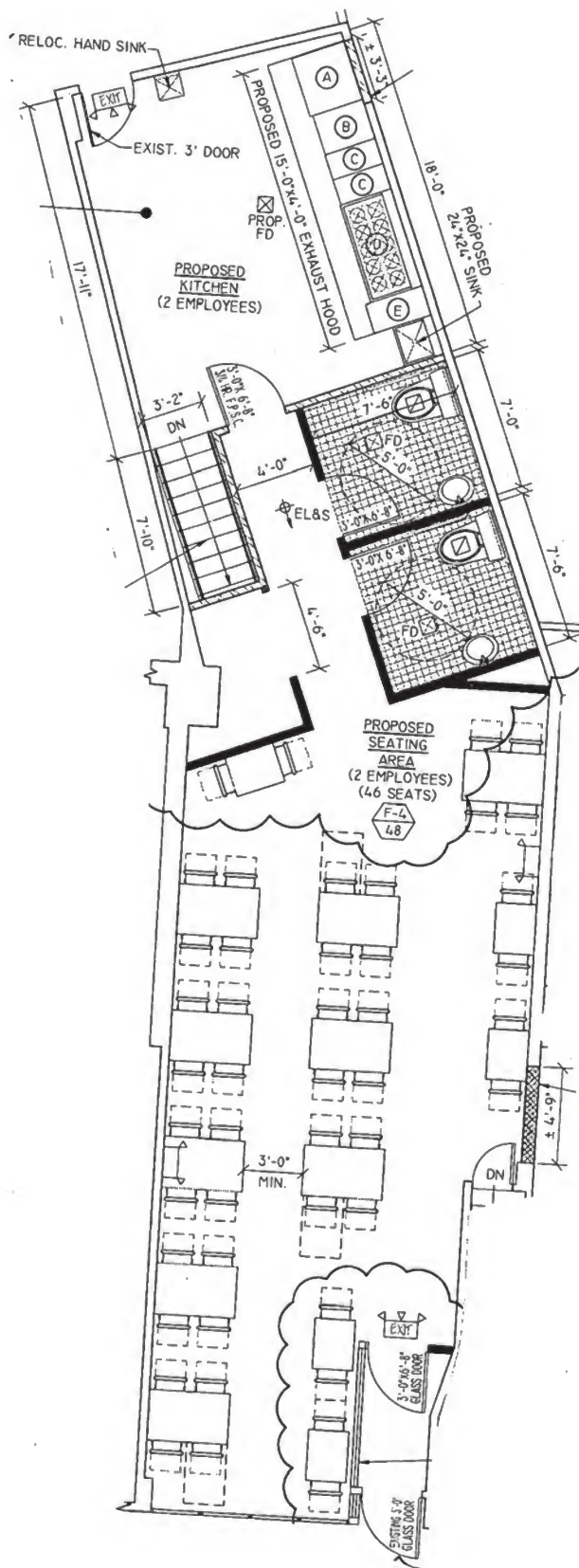
Thank you for your attention.

Sincerely,

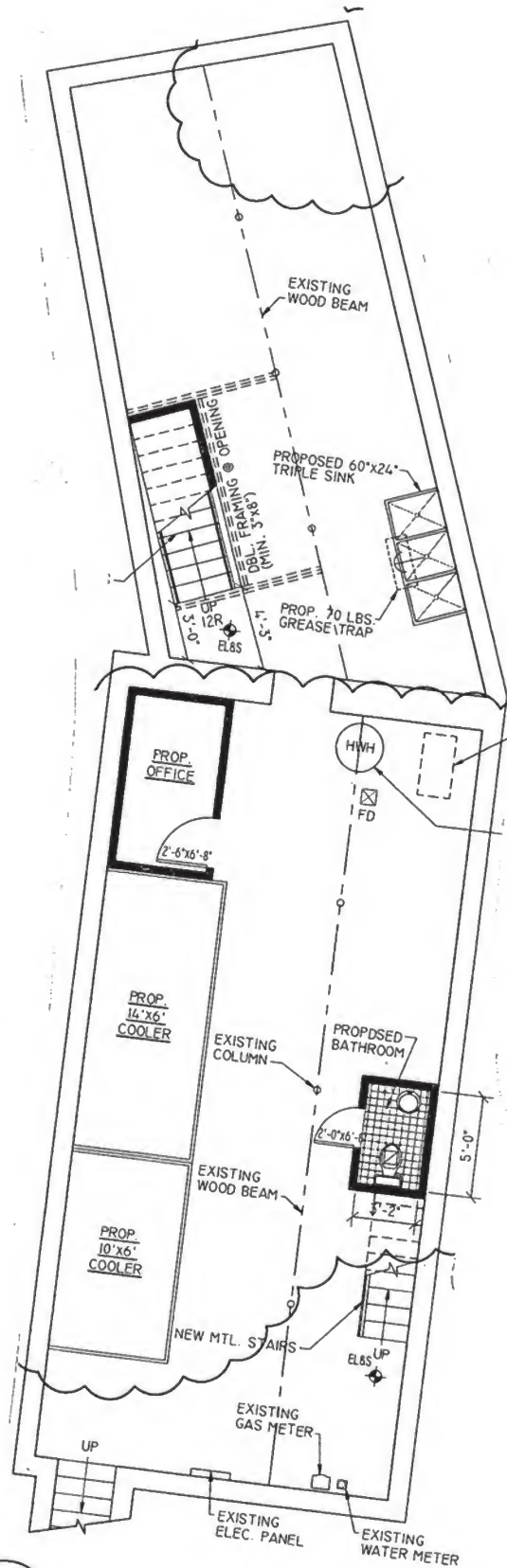

Brian Kieran
Chair


Josephine Beckmann
District Manager

BK/JB:jd



First Floor



CELLAR PLAN

SCALE: 1/4" = 1' - 0"

07 Block Plot Diagram
Dahlgren Place

(63)

Bay Ridge
Ford

86th Street

Battery Avenue

Nathans

Residential

Vacu +

Animal Clinic

Wire + Spi-1

Salon

Cash Hair

Office Space

Szechin Delight

Dyke Park Bagels

* Annabelle's

Closed

Dyke Park

Citgo

☒ Original☐ Amended

Date

01-15-2016

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:

Mixed

(ie. Residential, Business, Mixed)

1b. If applying for an on premises license does the premises have a

VALID CERTIFICATE OF OCCUPANCY and **ALL** appropriate permits?☒ YES☐ NO**2. Premises**

2a. Describe the type of building in which the premises will be located.

Multi Unit

2b. Has the building/premises been known by any other address?

☐ YES☒ NO

If YES, please specify:

2c. Is there currently or has there ever been an active license to traffic in alcoholic beverages at this location?

☐ YES☒ NO☐ Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee, or prior licensee?

☐ YES☒ NO☐ Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the location has never been licensed, what was prior use?

Vacant Store

2f. Is any other floor or area of the building currently licensed?

☐ YES☒ NO

b. Name of Licensee:

Dyker Park Hot Bagels Inc.

License Serial Number: 828439

☒ Original☐ Amended

Date

12-16-2015

3. Premises (Interior):

3a. List the number of floors of the establishment to be licensed including the basement, if any:

2

3b. Where is the alcohol stored? Basement/Cellar

3c. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed? Show the means of access on the interior diagram(s).

☐ YES☒ NO

3d. Are the premises to be licensed divided in any way, by a public or private passageway, etc., over which the applicant does not have exclusive possession and control? Example: hallway, stairwells, common areas, etc.

☐ YES☒ NO

If YES, describe:

3e. How many public bathrooms? If less than two(2) public bathrooms you must request a waiver of the two(2) bathroom rule in writing. Show bathrooms on diagram.

2

3f. List the Maximum Occupancy of the premises: 46

3g. Number of tables? 14

3h. Number of seats at tables? 46

3i. Number of seats at bar or counter? 0

4. BARS:

4a. How many bars* for customers are located on the premises? (*A bar is where customers may order, purchase, or receive alcoholic beverages.)

0

4b. How many service bars*? (Service bar is for wait staff use exclusively.)

0

4c. Describe each bar in the fields below:

Bar 1**Bar 2****Bar 3****Bar 4**

Bar Type

Bar Type

Bar Type

Bar Type

Length

Length

Length

Length

Shape

Shape

Shape

Shape

Attach additional sheets if needed if there are more than 4 bars.

continued on next page

☒ Original☐ Amended

Date

01-15-2016

5. KITCHEN5a. Does premises have a kitchen? ☒ YES ☐ NOIf NO, does premises have a food preparation area? ☐ YES ☐ NO**Show Kitchen or Food Preparation Area on the Interior Diagram.****NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUMIT A MENU**5b. Is a chef/cook employed at the premises? ☒ YES ☐ NO

If YES, list hours of day chef/cook will devote to the premises: ten (10)

6. HOTEL or BED & BREAKFAST

6a. How many floors?

6b. How many rooms?

6c. For Hotels Only: Is there a restaurant in the building(s) housing the proposed hotel? ☐ YES ☐ NO**7. OUTDOOR AREAS**7a. Are there any outside areas used for the sale or consumption of alcoholic beverages? ☐ YES ☒ NO

7b. Check all types that apply: There must be access from the interior of the premises to be licensed to any outdoor area(s) that you wish to license. Show access on diagram.

- ☐ Sidewalk Cafe ☐ Deck ☐ Patio ☐ Porch ☐ Gazebo
☐ Rooftop ☐ Yard ☐ Balcony ☐ Pavilion ☐ Tent
☐ Other

7c. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? If Yes, how is it divided?

☐ YES ☐ NO

7d. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- ☐ Fencing ☐ Wall ☐ Shrubbery ☐ Roping ☐ Stanchions
☐ Other

7e. Is a permit required by locality for outside area(s)? ☐ YES ☐ NO

If yes, submit a copy of the permit.

LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord.

1. Name of Landlord (as it appears on lease and deed): 8520 7 Ave LLC

2. Landlord Mailing Address
Street Address: 717 86th Street
City: Brooklyn State: New York Zip Code: 11228

3. Telephone Number of Landlord: 646-533-1865

4. Landlord Principals (ALL landlord principals must be disclosed below.)

Name	Address
Nicholas DiLeo	15 Arbor Court, Staten Island, NY 10301
John P. DiLeo	1170 85th Street, Brooklyn, NY 11228

5. Are any persons listed on this form currently or previously licensed under the ABC Law? ☒ YES ☐ NO

Serial Number	Licensee Name
1006815	Dyker Park Hot Bagels Inc.
1167926	J N A Food Corp
1174427	8520 7th Avenue Food Corp.

6. Are any persons listed on this form police officers: ☐ YES ☒ NO
If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord:

FINANCIAL DISCLOSURE

Applicants must demonstrate the costs and the sources of funding for this venture. All investors must be disclosed. Personal Questionnaires must be submitted for all investors, joint account holders, donors, or lenders (excluding banking institutions).

The Total Investment (Total Cash plus the Total Borrowed) must equal or exceed the Total Expenses.

1. EXPENSES (Actual or Estimated)

1a. Real Property (if purchased within the past year):	\$0,000,000.00
1b. Purchase/Contract Price of Business (submit copy of contract):	\$0,000,000.00
1c. Renovations/Improvement Costs (ie: furnishings, fixtures, etc.):	\$0,050,000.00
1d. Miscellaneous (any other expense related to this venture):	\$0,005,000.00
TOTAL EXPENSES Total of lines 1a through 1d.	55,000

2. CASH*

*Cash includes funds on hand that do not need to be repaid. For example, checking or savings account or gifted funds. Attach copies of bank statements or other financial documentation for **EACH** source of cash.

2a. Source of Funds	Personal Questionnaire attached <input checked="" type="checkbox"/>	Dollar Amount
DiLeo JP Morgan Chase Bank, NA Account Number [REDACTED]		55,000
2b. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount
2c. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount
TOTAL CASH Total of lines 2a through 2c		55,000

3. BORROWED*

*Borrowed funds include funds that must be repaid. For example, loans, mortgages, lines of credit and promissory notes. Attach copies of agreements or other financial documentation for **EACH** source of borrowed monies.

3a. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount
3b. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount
3c. Source of Funds	Personal Questionnaire attached <input type="checkbox"/>	Dollar Amount
TOTAL BORROWED Total of lines 3a through 3c.		0.00
4. Have all investors been disclosed in this application? <input checked="" type="radio"/> YES <input type="radio"/> NO		TOTAL INVESTMENT Total Cash plus Total Borrowed
		55,000.00

The following person(s) MAY NOT invest in a retail license to traffic in alcoholic beverages: convicted felons, persons under the age of twenty-one(21), police officers, and anyone with an interest in a wholesale or manufacturing license.

☒ Original☐ Amended

Date

12-16-2015

METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information provided in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1a. Select the type(s) of alcohol you intend to serve at the premises:

☐ Beer Only ☒ Beer & Wine Only ☐ Beer, Wine & Liquor

1b. Select the type(s) of establishment you are applying for from the list below (based upon your intended method of operation):

☒ Restaurant ☐ Catering Establishment ☐ Club (Not For Profit, Fraternal Organization - Members Only)

☐ Bar/Tavern ☐ Arena / Ball Park / Stadium ☐ Sports Bar ☐ Country Club / Golf Course

☐ Cabaret ☐ Night Club / Dance Club ☐ Adult Entertainment ☐ Bed & Breakfast ☐ Hotel

☐ Other (Explain)

2. Will any other business of any kind be conducted in said premises? ☐ YES ☒ NO

(If YES, provide details on a separate sheet)

3. Will premises have music? ☒ YES ☐ NO

3a. If yes: ☐ LIVE ☒ RECORDED ☐ DJ ☐ JUKE BOX ☐ KARAOKE

4. Will the premises permit dancing? ☐ YES ☒ NO

4a. If YES, and are located in NYC, do you have a Cabaret permit issued by the City of New York ?

☐ YES ☐ NO ☐ PENDING

If Yes, submit a copy of the permit. If Pending, a copy must be submitted prior to issuance of the license.

4b. If dancing is permitted, who will be permitted to dance?

☐ Patrons ☐ Employees for entertainment ☐ Both

4c. If YES, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing?

☐ YES ☐ NO

5. Will there be topless entertainment?

☐ YES ☒ NO

continued on next page

☒ Original☐ Amended

Date

12-16-2015

6. Will the business employ a manager? ☐ YES ☒ NO6a. If NO, will principal(s) manage? ☒ YES ☐ NO

7. How many employees? (Excluding principals and security personnel.)

3

7a. If answer is "0" provide explanation.

NYS Law requires businesses to carry workers' compensation and disability insurance.

(see instructions)

If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Property & Casualty Co of Hartford

Disability Insurance Carrier Name and Policy Number:

ShelterPoint Life Insurance Company

Security personnel you hire may be required to be registered in accordance with NYS Security Guard Registration. Please contact the NYS Department of State to obtain information.8. Will there be security personnel? ☐ YES ☒ NO 7a. If YES, how many?8b. If Yes, are they registered in accordance with New York State Security Guard Registration? ☐ YES ☐ NO

If NO, explain: (ie. Not Required)

N/A

9. Provide a detailed plan of supervision for the premises to be licensed. Attach additional sheets if necessary.

N/A

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

☒ Original☐ Amended

Date

12-16-2015

RIGHT TO PREMISES**1. RIGHT TO PREMISES**

1a. By what right does the applicant have possession of the premises?

☐ Own ☒ Lease ☐ Sub-Lease ☐ Binding contract to acquire real property ☐ Written intent to Lease☐ Other (explain):**If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable.**

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business?

☐ YES ☒ NO

If YES, list the section/page of the lease this information can be found

N/A

2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

☐ YES ☒ NO

If YES, state the names and address of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired
Name	Address	Nature of interest	Date Acquired
Name	Address	Nature of interest	Date Acquired
Name	Address	Nature of interest	Date Acquired



1293026
1126
Community Board Ten

8119 5th Avenue • Brooklyn, NY 11209
(718) 745-6827 • Fax (718) 836-2447
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DORIS N. CRUZ
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BRIAN KIERAN
Chair

JOSEPHINE BECKMANN
District Manager

RECEIVED
NYS LIQUOR AUTHORITY

January 26, 2016

FEB 01 2016

Albany, NY
Chairman's Office

Vincent Bradley, Chairman
New York State Liquor Authority
80 S. Swan Street, 9th Floor
Albany, N.Y. 12210


RE: Annabells Pastaria Inc.
717 86th Street
Brooklyn, N.Y. 11209


Dear Chairman Bradley:

At a duly publicized meeting of Community Board 10 on Monday, January 25, 2016, members voted unanimously to **APPROVE** the Wine/Beer License for **Annabells Pastaria Inc. 717 86th Street, Brooklyn, New York 11209.**

Thank you for your attention.

Sincerely,


Brian Kieran
Chair


Josephine Beckmann
District Manager

BK/JB:jd

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant:

(Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

Annabell's Pastaria Inc.

Trade Name(DBA): (see instructions) ** must be provided if premises will be called by any name other than as listed in the "Name of Applicant"

Annabelle's

Premises Street Address:

717 86th Street

City: Brooklyn

, NY

Zip Code:

11228

County:

Kings

Telephone Number of Premises (include area code):

718-836-9445

Mailing Address (if different than above):

City:

State:

Zip Code:

E-mail address (required):

ndileo713@aol.com

2. CONTACT (if other than applicant)

Name of Contact:

Philip Mancuso, Esq.

☒ Attorney☐ Representative☐ Contact Person

Office Address:

4864 Arthur Kill Road, Suite 300

City: Staten Island

State:

New York

Zip Code:

10309

Telephone Number of Office (include area code):

(718) 966-2200

E-mail address (required):

pmancuso@mancusoandassociateslaw.com

Is this application filed under the Attorney Certification Program? ☒ YES ☐ NO

3. For SEASONAL licenses only - beginning and ending months:

4. LICENSE TYPE:

RW

CODE: 341

5. Number of ADDITIONAL BARS (if any): 0

(see schedule of fees)

(see instructions)

6. TOTAL PAYMENT DUE:

1060.00

7. Federal Tax ID #:

7a. Certificate of Authority Permit#:

RECEIVED
 NY State Liquor Authority
 3/16/16 MAR 02 2016
 Albany, NY
 Licensing Bureau

[OFFICE USE ONLY]

DATE FILED:

3/4/16

SERIAL #:

1298026

continued on next page

Page 4

8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (attach additional sheets if necessary)

Name of Individual / Partner	Residence	Social Security #:	Date of Birth
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
Name of Individual / Partner	Residence	Social Security #:	Date of Birth

9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS (attach additional sheets if necessary)

List the names and address or Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

Name of Principal	Residence	Social Security #:
Nicholas DiLeo		
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Officer/Director/Shareholder	50	
Name of Principal	Residence	Social Security #:
John P. DiLeo		
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Officer/Director/Shareholder	50	
Name of Principal	Residence	Social Security #:
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Name of Principal	Residence	Social Security #:
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth

Note:

***if 10 or less shareholders**, list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.

***if more than 10 shareholders**, list all shareholders owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members or LLC managers that are active in the management of the business but may not necessarily hold more than 10% of interest. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders, officers, directors, LLC members or LLC managers that hold less than 10%. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

1. Licensed Premises InformationIs your licensed premises closed? ☐ YES ☒ NOIf yes, is your license in safekeeping with the Authority? ☐ YES ☐ NOIf yes, do you wish for your license to remain in Safekeeping at Renewal? ☐ YES ☐ NO

If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.

Licensed Premises Name:

Annabell's Parlor

License Serial #:

1293026

Trade Name (If applicable):

Federal Employer Identification Number:

1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor

Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.

If you hold an on-premises license, please select the method of operation from the following list:

☒ Restaurant ☐ Catering Establishment ☐ Club (i.e., Fraternal Org) ☐ Ball Park/Stadium/Arena ☐ Cabaret ☐ Bed & Breakfast
☐ Bar/Tavern ☐ Adult Entertainment ☐ Night Club/Dance Club ☐ Country Club/ Golf Course ☐ Hotel ☐ Sports Bar

If dancing is permitted at the premises, who is be permitted to dance? ☐ Patrons ☐ Employees ☐ Both ☐ Not ApplicableIf dancing is permitted, is there exotic dancing (i.e. pole dancing, lap dancing, etc.)? ☐ YES ☐ NO ☐ Not ApplicableIs there topless entertainment at the premises? ☐ YES ☒ NO

Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.

1b. Address of the Licensed Premises

Licensed Premises Address:

717 86 Street

*Required

City:

Brooklyn

State:

New York

Zip Code:

11228

County:

Kings

Email Address:

*Required

Premises Telephone # (include area code):

*Required

NDILEO713EML.COM

Contact Phone # (Include area code):

646 533-1268

If the address your premise is known by has changed as a result of a 911 update, provide a copy of the 911 address notification form, a letter from the local municipality, or other proof of the address update.

Mailing Address (If different than premises address)

Mailing Address:

City:

State:

Zip Code:

1c. Landlord/Building Owner Name and Address - also required if building is owned by the licensee

Landlord Name:

Address:

City: State: Zip Code:

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been **ARRESTED** and/or **CONVICTED** during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

☐ YES ☐ NO ☐ Previously Reported

If YES, complete the chart below. Submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If the charge(s) are not complete submit documentation showing your next court appearance. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Telephone # (Include area code): Cell Phone # (include area code):

Signature _____ Title _____ Date _____

B. Partnership (This section must be completed, signed and dated by each partner.)
Attach additional sheets if necessary

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Telephone # (Include area code):		Cell Phone # (include area code):			
Partner Signature	Title			Date	

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Telephone # (Include area code):		Cell Phone # (include area code):			
Partner Signature	Title			Date	

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer.
This principal should be the primary point of contact.)

Print Name:	Nicholas DiLeo	Date of Birth:			
Residence street address:					
City:					
Title:	Pres / owner				
Telephone # (include area code):					
Authorized Signature	Title			Date	

C. - Continued - All remaining Principals on the license must be listed below.
(Attach additional sheets as needed to include all principals)


Print Name:	John Diles	Date of Birth:	
Residence street address:			
City:			
Title:	Vice Pres / owner		
Telephone # (Include area code):			

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (Include area code):		Cell Phone # (include area code):			

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (Include area code):		Cell Phone # (Include area code):			

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (include area code):		Cell Phone # (include area code):			

D. Club *(This section must be completed, signed and dated by the Club Alcoholic Beverage Control (ABC) Officer who has been approved by the State Liquor Authority.)*

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Authorized Signature		Title		Date	